FILED

3/10/2001

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Mar 19, 2001 8:00 am ขึ้อดีบพยกт # **F95000005939** Secretary of State WASIX REALTY CORPORATION 03-19-2001 90031 043 ***150.00 Principal Place of Business Mailing Address 6634 NW 25TH WAY 6634 NW 25TH WAY UUU34908 BOCA RATON FL 33496-2020 **BOCA RATON FL 44396** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 61-6029314 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEANNE, WASSERMAN Street Address (P.O. Box Number is Not Acceptable) 6634 NW 25TH WAY **BOCA RATON FL 33496** City Zin Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 3/10/2001 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change ☐ Addition DCS TITLE Delete TITLE NAME WASSERMAN, JEANNE S NAME STREET ADDRESS STREET ADDRESS 6634 NW 25TH WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** ☐ Addition □ Change TITLE Delete TITLE NAME STANLEY, WASSERMAN NAME STREET ADDRESS STREET ADDRESS 6634 NW 25TH WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP Delete ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.